

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G165</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/26/2007</b>
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NAME OF PROVIDER OR SUPPLIER

**D C HEALTH CARE**

STREET ADDRESS, CITY, STATE, ZIP CODE

**6917 MAPLE ST NW**

**WASHINGTON, DC 20012**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	<b>INITIAL COMMENTS</b>  A recertification survey was conducted from October 24, 2007 through October 26, 2007. The survey was initiated using the full survey process. A random sample of three clients were selected from a population of six females with various degrees of disabilities.  The findings of this survey were based on observations at the group home, two day programs, interviews with clients and staff at both the group home and day programs, review of clinical and administrative records to include the facility's unusual incident reports.	W 000		
W 124	<b>483.420(a)(2) PROTECTION OF CLIENTS RIGHTS</b>  The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.  This STANDARD is not met as evidenced by: Based on observation, interview and record verification, the facility failed to ensure the right of each client or their legal guardian to be informed of the client's medical condition, developmental and behavioral status, attendant risks of treatment and the right to refuse treatment for one of the three clients in the sample. (Client #2)  The finding includes:  During the entrance conference on October 24, 2007 at 4:20 PM, the QMRP indicated that Client	W 124		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Janice Hill for Tracy Stepler*

*Proxm Manager*

*11/20/07*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 124	Continued From page 1 #2 had a Behavior Support Plan (BSP) to address her maladaptive behaviors. Further interview revealed that the client had a legal guardian who is willing to sign any necessary consents for restrictive measures.  On October 25, 2007, further review of Client #2's record failed to show evidence that written informed consent had been obtained for the use of the BSP. There was no evidence that the potential risks involved in using the BSP, or his right to refuse treatment had been explained to the client or his/her guardian. The client's psychological assessment, dated February 20, 2007, indicated the client's cognitive abilities tested in the profound range of retardation and he lacked the capacity to process information effectively to make sound decisions. The psychologist assessed the client as not being capable of making informed decisions, the facility failed to document attempts to secure an appropriate surrogate decision-maker. [See W263]	W 124	Consent has been sought and obtained from the Human Rights Committee for the use of the BSP for Individual # 2. A guardianship Individual #2 has a guardianship court hearing scheduled on 11/29/07 at 10:00 am. Please see attachment #1.	11/29/07
W 135	483.420(a)(10) PROTECTION OF CLIENTS RIGHTS  The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have access to telephones with privacy for incoming and outgoing local and long distance calls except as contraindicated by factors identified within their individual program plans.  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure clients had access to telephones for private incoming and outgoing calls for one of the three clients included in the sample. (Client	W 135		

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W 135	Continued from page 2 #5)  The finding includes:  Observation of the facility's environment during the survey revealed that there were two telephones in the facility. One was located in the kitchen and the other one was located in the living room. On October 24, 2007 at 7:50 PM, Client #5 was observed talking on the telephone with her aunt. The client used the phone located in the the kitchen. All persons (staff, housemates, and surveyors) in the vicinity of the kitchen could hear the client's conversation. At no time during the observation was the client encouraged to use the phone located in the living room to afford her privacy during her conversation.  Note: Review of the facility's "Resident Rights" policy on October 25, 2007 at 2:00 PM revealed that residents had the right to "private access to phones."	W 135		
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL  Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.  This STANDARD is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure that each	W 159	The staff and all individuals in the facility including individual # 5 have been provided with an in-service training for individual rights and privacy to ensure that all individuals have access to telephones with privacy for in-coming and out-going calls, as well as other privacy concerns. Staff was in-serviced to encourage all individuals to use the telephone in areas of the home that provide more privacy (i.e., the office upstairs). Please see attachment # 2.	11-14-07

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W 159	Continued From page 3 client's active treatment program was coordinated, integrated and monitored by the Qualified Mental Retardation Professional (QMRP).  The findings include:  1. The facility's QMRP failed to effectively monitor each client's day program to assure that the day program met the needs of two of the four clients. [See W120]  2. The facility's QMRP failed to provide continuous active treatment. [See W249]  3. The facility's QMRP failed to review and revise the Individual Program Plan (IPP) once the client has successfully completed an objective identified in the IPP. [See W255]  4. The facility's QMRP failed to revise objectives identified in the clients's IPP that had not been achieved. [See W257]	W 159		
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION  As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.  This STANDARD is not met as evidenced by: Based on observation, staff interview and record verification the facility failed to provide	W 249	The QMRP received in-service training on 11/09/07, regarding the importance of monitoring the day programs to ensure that all individuals are receiving continuity of care between the day program and the facility. Attachment # 3	11-9-07

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W 249	Continued From page 4 continuous active treatment for one of the three clients in the sample. (Client #2)  The finding includes:  On October 24, 2007, Client #2 was observed stringing beads from 5:20 PM until 6:10 PM. Thirty minutes later, at 6:45 PM the direct care staff was observed giving Client #2 a string and a box filled with beads. The client did not string the beads, the client sat idle for approximately 20 minutes. Interview with the direct care staff indicated that that client "loves" to string beads. Review of the Client #2's Individual Program Plan (IPP) revealed an objective which stated, "[the client] will give her communication partner a picture to request a "DRINK, BEADS, or BATHROOM, 75% independently in one year."	W 249		
W 255	There was no evidence that the direct care staff implemented Client #2's communication program. 483.440(f)(1)(i) PROGRAM MONITORING & CHANGE  The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.  This STANDARD is not met as evidenced by: Based on observations, staff interviews and record review, the Qualified Mental Retardation Professional (QMRP) failed to review and revise the Individual Program Plan (IPP) once the client has successfully completed an objective identified in the IPP for one of the three clients in the	W 255	Staff was provided with an in-service training on 10/29/07 on properly implementing Individual # 2's communication program. QMRP will monitor weekly and Speech Therapist will monitor the communication program monthly to ensure staff comprehension and proper implementation of program. <i>Please see Attachment # 4 (A+B)</i>	10/29/07

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W 255	<p>Continued From page 5 sample. (Client #2)</p> <p>The findings include:</p> <p>1. The facility failed to revise Client #2's BSP once the client successfully achieved the established criteria.</p> <p>During the entrance conference on October 24, 2007 at 4:00 PM, the Qualified Mental Retardation Professional (QMRP) revealed that Client #2 had a Behavior Support Plan (BSP) to address her maladaptive behaviors.</p> <p>Record verification of the BSP dated May 29, 2007 indicated that the physical aggression was included in the BSP. The objective stated, "[the client] will decrease physical aggression to zero per month or nine months." According to the Psychology Quarterly reviews from February 2007 through October 2007, the client had not displayed physical aggression.</p> <p>There was no evidence that the QMRP revised Client #2's behavior objectives once he met the established criteria.</p> <p>2. The facility's QMRP failed to revise Client #2's self medication program once the client met the established criteria.</p> <p>On October 24, 2007 during the medication pass administration, the medication nurse was observed to wipe the client's hands. The client was observed to hold the cup while the medication nurse punched the medication into the cup. The client swallowed the medication, drank the water and put the cup into the trash. Although interview with the medication nurse indicated that</p>	W 255	<p>Individual # 2 BSP was reviewed by the Psychologist on 11/13/07. An additional month of zero occurrence of physical aggression is needed to meet the objective. If the objective is achieved in November, the objective will be revised in 2007.</p> <p>Please see attachment # 5. (1-5)</p>	11-13-07

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W 255	Continued From page 6 the client was not on a self medication program, the review of the IPP dated March 2007 revealed an objective. The self medication steps included: pick up medication cup, take medication, pick up cup of water, drink water and put cup in trash. Review of the data sheets from March 2007 revealed the client has successfully completed the objective.	W 255	Individual # 2 self medication objective was revised on 11/06/07 to reflect her progress and meet the individual habilitative needs. The QMRP will monitor the program for any progress on a quarterly basis. Please see attachments 6 & 6a.	11/6/07	
W 257	There was no evidence that the QMRP revised the self medication program. <b>483.440(f)(1)(iii) PROGRAM MONITORING &amp; CHANGE</b>  The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made.  This STANDARD is not met as evidenced by: Based on record review, the Qualified Mental Retardation Professional (QMRP) failed to revise objectives identified in the individual program plans (IPPs) that had not been achieved for one of three clients in the sample. (Client #2)  The finding includes:  The QMRP failed to review Client #2's personal hygiene program in which the client failed to make progress toward identified objective after reasonable efforts have been made.  Review of Client #2's Individual Program Plan (IPP) dated March 2007, revealed that the client will improve her activities of daily living skills.				

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W 257	Continued From page 7 Further review revealed that Client #2 had an objective which stated, "[the client] will participate in upper body bathing using wash mit/cloth with verbal prompts on 80% of the trials for three months. Review of the data sheets from April 2007 through August 2007 revealed that the client required physical assistance on all the trials, recorded. There is no evidence that the objective had been revised.	W 257	Individual #2's IPP was reviewed and revised to meet her habilitative needs. Individual #2 objective on bathing her upper body has been revised in accordance with her ability and data collected. Please see attachments 6 & 6b.	11/09/07
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE  The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.  This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure that each client's behavior intervention technique, including the use of behavior modification drugs was conducted with the written informed consent of the client, parents (if the client is a minor) or legal guardian for one of the three clients in the sample. (Client #2)  The finding includes:  The facility failed to obtain informed consent prior to the use of restrictive measures as described in Client #2's Behavior Support Plan. [See W124]	W 263		
W 322	483.460(i)(3) PHYSICIAN SERVICES  The facility must provide or obtain preventive and general medical care.	W 322	Consent has been sought and obtained from the Human Rights Committee for the use of the BSP for Individual #2. Individual #2 has a guardianship court hearing scheduled on 11/29/07 at 10:00 am. Please see attachment #1.	11/29/07



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FORM H-100 (REV. 10-01-06)  
OMB NO. 0938-0391

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W 322	<p>Continued From page 8</p> <p>This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to provide preventive and general medical care for two of three clients included in the sample. (Clients #1 and #2)</p> <p>The findings include:</p> <p>1. The facility failed to obtain podiatry appointments for one of the four clients in the sample. (Client #1)</p> <p>Record review of Client #1 medical records on October 24, 2007, at 11:00 AM, revealed that the Client #1 had a podiatry consult on January 15, 2007. It was recommended that the clients return in twelve weeks. At the time of the survey, there was no evidence that the facility had scheduled an podiatry follow up appointment.</p> <p>Interview with the Qualified Mental retardation Professional on the same day verified that the client had not seen the podiatrist as recommended.</p> <p>2. The facility failed to obtain a colonoscopy for Client #2, timely.</p> <p>Review of Client #2's medical record on October 25, 2007 at 2:00 PM revealed a physician order dated March 16, 2007, to "reschedule a colonoscopy for advance age." Interview with the Qualified Mental Retardation Professional (QMRP) and Program Director on October 26, 2007 at approximately 10:00 AM indicated that the previous QMRP did not follow through on the scheduling of the colonoscopy and therefore has been rescheduled November 16, 2007.</p>	W 322	<p>The Podiatrist visited the facility on 11/16/07 at 7:00 am. Individual # 1 received podiatrist services. Please see attachment # 8.</p> <p>Individual #2's Colonoscopy is scheduled for 12/5/07. The delay in the Colonoscopy was due to lack of guardian. Individual #2 has a guardianship court hearing scheduled on 11/29/07 at 10:00 am. Please see attachment #1.</p>	<p>11/16/07</p> <p>12/5/07</p>

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1 000	<b>INITIAL COMMENTS</b>  A re-licensure survey was conducted from October 24, 2007 through October 26, 2007. A random sample of three residents were selected from a population of six females with various degrees of disabilities.  The findings of this survey were based on observations at the group home, two day programs, interviews with residents and staff at both the group home and day programs, review of clinical and administrative records to include the facility's unusual incident reports.	1 000			
1 226	<b>3510.5(c) STAFF TRAINING</b>  This Statute is not met as evidenced by: Based on interview and record review revealed that the facility failed to ensure Cardiopulmonary Resuscitation (CPR) to one of twelve direct staff. (Staff #1)  The finding includes:  Review of the personnel records on October 25, 2007 at 1:30 PM revealed Staff #1 lacked evidence of CPR training. Interview with the Human Resources Specialist verified that Staff #1's CPR certification had expired.	1 226	Staff #1 received the CPR/ First training on 11-16-07. And		11-16-07
1 391	<b>3520.2(a) PROFESSION SERVICES: GENERAL PROVISIONS</b>  Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The	1 391			

Health Regulation Administration

*Chandra Hill for Stacy Stephen*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

*Program Manager*

(X6) DATE

*11/24/07*

STATE FORM

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If continuation sheet 1 of 4

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1391	Continued From page 1  professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services:  (a) Medicine:  This Statute is not met as evidenced by: Based on record review, the GHMRP failed to ensure that a copy of the professional license was maintained for review for each individual providing professional services at the GHMRP as required by District of Columbia law.  The finding includes:  Review of the personnel files on October 25, 2007, revealed the facility lacked evidence of a current license for the podiatrist. Interview with the Human Resources Specialist revealed that he would provide the information to the state agency, however the information was not provided as indicated.	1391	A copy of the Podiatrist license was on file in the main office at the time of survey. However, the Human Resource Specialist failed to forward the information as requested. An in-service training was held with him on 11/09/07 regarding the importance of providing documents in a timely manner.  <i>Please see attachment #10</i>		11-9-07
1422	3521.3 HABILITATION AND TRAINING  Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident's Individual Habilitation Plan.  This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure habilitation, training and assistance was provided to Resident #2 in accordance with his Individual Habilitation Plan.  The finding includes:  See Federal Deficiency Report Citation W249	1422	Staff was provided with an in-service training on 10/29/07 on properly implementing Individual # 2's communication program. QMRP will monitor weekly and Speech Therapist will monitor the communication program monthly to ensure staff comprehension and proper implementation of program. <i>Please see Attachment # 4 (A4B)</i>		10/29/07

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NAME OF PROVIDER OR SUPPLIER  D C HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 6917 MAPLE ST NW WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
1424	<p><b>3521.5(a) HABILITATION AND TRAINING</b></p> <p>Each GHMRP shall make modifications to the resident's program at least every six (6) months or when the client:</p> <p>(a) Has successfully completed an objective or objectives identified in the Individual Habilitation Plan;</p> <p>This Statute is not met as evidenced by: Based on observation, staff interview and record review, the GHMRP failed to ensure habilitation and training was provided to its residents that would enable them to acquire and maintain life skills needed to cope more effectively with the demands of their environments and to achieve their optimum levels of physical, mental and social functioning for one of the three residents in the sample (Resident #2)</p> <p>The finding includes:</p> <p>See Federal Deficiency Report - Citations W255</p>	1424	<p>Individual # 2 BSP was reviewed by the Psychologist on 11/13/07. An additional month of zero occurrence of physical aggression is needed to meet the objective. If the objective is achieved in November, the objective will be revised in 2007. Please see attachment # 5. (1-5).</p>	11-13-07	
1426	<p><b>3521.5(c) HABILITATION AND TRAINING</b></p> <p>Each GHMRP shall make modifications to the resident's program at least every six (6) months or when the client:</p> <p>(c) Is failing to progress toward identified objectives after reasonable efforts have been made;</p> <p>This Statute is not met as evidenced by: Based on record review, the Qualified Mental Retardation Professional (QMRP) failed to revise objectives identified in the individual program plans (IPIs) that had not been achieved for one</p>	1426			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G166</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/26/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>D C HEALTH CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6917 MAPLE ST NW WASHINGTON, DC 20012</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 426	Continued From page 3 of three residents in the sample (Client #2).  The finding includes:  See Federal Deficiency Report - Citation W257	I 426	Individual # 2's IPP was reviewed and revised to meet her habilitative needs. Individual # 2 objective on bathing her upper body has been revised in accordance with her ability and data collected. Please see attachments 6 & 6b.	11/09/07
I 500	<b>3523.1 RESIDENT'S RIGHTS</b>  Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.  This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure the protections of each clients rights two of the six residents in the facility. (Resident #2 and #5)  The findings include:  1. See Federal Deficiency Report - Citation W135  2. See Federal Deficiency Report - Citation W124 and W263	I 500	The staff and all individuals in the facility including individual # 5 have been provided with an in-service training for individual rights and privacy to ensure that all individuals have access to telephones with privacy for in-coming and out-going calls, as well as other privacy concerns. Staff was in- serviced to encourage all individuals to use the telephone in areas of the home that provide more privacy (i.e., the office upstairs). Please see attachment # 2.  Consent has been sought and obtained from the Human Rights Committee for the use of the BSP for Individual # 2. A guardianship Individual #2 has a guardianship court hearing scheduled on 11/29/07 at 10:00 am. Please see attachment #1.  Consent has been sought and obtained from the Human Rights Committee for the use of the BSP for Individual # 2. Individual #2 has a guardianship court hearing scheduled on 11/29/07 at 10:00 am. Please see attachment #1.	11-14-07  11-29-07  11-29-07